

SIGMUND FREUD IN THE PERSPECTIVE
OF MEDICAL HISTORY *

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THE figure of Freud stands out against the background of medical history as so different from any of the great men of his or of our generation that in order to understand this singular fact it is necessary to take cognizance of the historical changes of which Freud's and our generation were witnesses as well as victims.

All great men were great because in one way or another they were ahead of their time; or, to put it a little more correctly even though more bluntly, their contemporaries almost always welcomed them into history with irony, sarcasm, derision, at times slander, and quite often defamation. One would want to assume that the Nineteenth Century and our own were a little more enlightened, and were able to recognize a man's greatness more readily and with more tolerance than the Sixteenth Century that hounded Paracelsus into poverty and even into untimely death. Unfortunately, our assumption, if it were made, would not fully stand the test of actual events. Suffice it to recall the attitude of the medical world toward Lister and "Listerism" at the dawn of antiseptic surgery. His was a hard road to medical fame, even though his fame became long and great during his own lifetime. The derision with which Pasteur was temporarily rejected after his views had once been accepted by the Académie is well known.

However, this must be said of the latter half of the Nineteenth Century: The Franco-Prussian war, like many other wars having settled nothing, brought about an illusion of enlightened peace, and for a little over a generation the European scene became calm, sedate, earnest and conservative. The liberal had an argument to hold, not a fist fight to start, with the conservative. The revolutionaries, who only yesterday had dominated the French Commune led by anarcho-communists, quieted down, while the Marxian socialist became for a while a student,

* Presented at The New York Academy of Medicine at A Meeting In Commemoration of the Hundredth Anniversary of the Birth of Sigmund Freud, April 20, 1956.

a bookworm, a dreamer within the framework of parliamentary and quasi-parliamentary Europe. The ferment of social and political revolt was shifted to backward Russia, whose revolutionary emigrés and refugees enjoyed their liberty in London, Berlin, Vienna, Zurich and Geneva, busy preparing the social revolt in Russia. The center of international political contentions also moved east—toward the Balkans and parts of Northern Africa. There was something of pedestrian fatigue yet cultivated creativeness which mid-Victorian England, united Germany under Prussia and Franz Joseph's Austro-Hungarian Empire, and the French Third Republic had in common.

The intellectual climate of Europe favored the establishment and crystallization of the scientific method, and it invigorated and perfected the efficiency of medical practice and the ever greater fruitfulness of medical research—primarily in pathology and physiology and organic chemistry. The great medical men found on the whole a congenial and friendly unity and a sense of fraternity among themselves—all this despite the historical tradition of putting a few barbs into the garlands which were offered the newcomers who were destined to become great.

What could be more moving than that scene in the University of Paris, in which the aging Pasteur, leaning on the arm of the President of the French Republic, listened with ill-controlled emotion to the words of greeting uttered by Lister (not yet a Lord) in the name of the Royal Society. And at the time of his death Lister had already become the proud possessor of medical and nonmedical honors; he had received the Prussian Order *Pour le Mérite* as well as the Order of Merit (he was one of the 12 who received the order at the time Edward VII founded it). Medical scientific progress knew no political or ideological borders, and the men who carried on this progress were honored by governments as well as peoples.

To be in politics did not mean to be excluded from scientific work. Virchow, for instance, an opponent of Bismarck, was a liberal deputy in the Imperial Reichstag. Some 50 years earlier in the youngest of the republics, in the United States, one of the founders of the American Psychiatric Association, Dr. Stedman, was a member of the Senate of the Commonwealth of Massachusetts. A little over 100 years before, one of the signers of the Declaration of Independence, Benjamin Rush, proved also to be the founder of American clinical psychiatry and the author of the first textbook of psychiatry in America. Old Europe and

the New World's great republic lived scientifically in unison. It was the American Oliver Wendell Holmes who suggested the term "anaesthesia," which was universally accepted. The great clinical traditions of America and Europe became one unified and mighty creative medical organism.

The eighties and the nineties of the past century represented a unique picture of steady progress and greatness of medicine in all its branches. There was the American Austin Flint who died in 1886, the year when Freud began his private practice in Vienna; there was James Marion Sims who died in 1883, a year after Emil Kraepelin (whose centenary of birth is also marked this year [1956]) started his work in the Flechsig Clinic in Leipzig. Brown-Séquard died in 1894, the year after Freud wrote his first psychological paper "On the Psychical Mechanism of Hysterical Phenomena." Helmholtz, under whose influence Freud's thinking turned toward a number of analogies from physics, also died in 1894, as did Oliver Wendell Holmes, the year Freud wrote his "Defense Neuro-Psychoses." E. du Bois-Reymond, whose thinking and influence in the field of medicine and biology equaled that of Helmholtz, died in 1896, the year Freud wrote his articles on "Further Remarks on the Defense Neuro-Psychoses." Thomas Huxley died the year before, when Freud wrote "The Psychic Mechanisms of Obsessions and Phobias." Only one year later Roentgen pictures were first used, in the Greco-Turkish war.

We will not forget the famous "four doctors of Baltimore." Lister and Pasteur have already been mentioned. Koch was at the height of his career, and Klebs the German physician became professor in the Rush Medical School in Chicago in the same year (1897) as the first x-rays were used. Our own Adolph Meyer moved east from Illinois to Worcester State Hospital to start a great career as a teacher of psychiatry. It was in 1900 that Klebs returned to Europe; in the beginning of that same year Freud's "Interpretation of Dreams" appeared.

By the listing of the great number of names already mentioned the galaxy of the great is not exhausted. Darwin, for instance, who died in 1882 should not be overlooked. Griesinger, Daniel Hack Tuke, Maudsley, Charcot and Pierre Janet cannot be forgotten, as Liébault and Bernheim, the great masters of hypnosis, under whose direct influence Freud once was, cannot be skipped.

Yet it is not a matter of names. The point is merely this: in whichever direction we look, we find that the general picture of medicine,

including psychiatry, at the time Freud as a young physician started his practice, was that of a scientific extension of the modernized principles of Hippocratic medicine. Pathology and surgery, physiology and medicine were welded together into a system of thought and practice which conceived of man as a complex biological apparatus subject to laws of physics, chemistry and certain general biological principles which presented a sort of blend between the biological philosophy of Darwin, the cellular pathology of Bichat and Virchow, the biology of micro-organisms, and the physics and chemistry of the day. *De facto*, if not in theoretical structure, medicine envisaged man as a wonderful machine almost in the Cartesian sense, the proper functioning of which meant health, and the dysfunction of which or the breakdown of certain of whose parts meant illness. The breakdown of course might be produced by various factors within or without the human organism. Illness on the whole, whatever its causes, meant a failure of certain organs. The restoration of these organs to their normal functioning, or their removal from the organism if such a removal did not mean death of the organism, meant successful treatment.

With certain exceptions, and at times significant exceptions, to the contrary (like a Liébault, or a Bernheim), psychiatry was not considered different from any other part of medicine. The diseases which this branch of medicine embraced were considered diseases of the brain, of the central nervous system. These diseases had their course; their cerebral pathology, even though not as yet demonstrated, was taken for granted. Hence the great Hippocratic system of symptomatology, course and prognosis which the psychiatric sibling of Freud, Emil Kraepelin, endeavored to create. Experimental medicine in the best sense of the word of which a Claude Bernard made us think, organic pathology in the best sense of the word of which a Virchow made us think, the neo-Hippocratic clinical principles of observation which were in the best tradition of a Sydenham, were the principles of the day.

When Freud started his medical career, he was imbued with this tradition. In Brücke's laboratory he even followed it faithfully, but already he seemed to be looking elsewhere. As far as seeking proper training in order to get ready to practice and gain a livelihood, Freud seemed to follow the traditional path; from the standpoint of medical, clinical mannerisms, he seemed to be a gifted, conventional young doctor who wanted to make a living and a name for himself. But very early in

his career, at any rate by the time he went to Paris to study under Charcot, and shortly afterward when he returned to Vienna and started to work with Joseph Breuer, Freud showed definitely that he was a sort of dour maverick on the horizon of medicine. Eager, ambitious and restless, with more than a mere tendency to be quite tense, anxious and a little willful, he seemed to be what is labeled by that platitudinous, so full of meaning and yet indefinite, adjective known as "different."

Particularly in retrospect we can now see that Freud in one way or another paid merely verbal tribute to the physicochemical pathophysiological tradition of the medicine of his day. In actuality he seemed to be busy looking elsewhere and seeking something he knew not what. Intuitively, but not yet clearly rationally and objectively, he sensed that he was going in some new direction which destined him to take a unique place of his own in the history of medicine. This feeling expressed itself in his occasional but pithy references to the effect that he was going to be a great man, that his future biographers would have a difficult time in writing his biography. He enjoyed in advance visualizing their difficulties when as a young man, not yet married, he would destroy his personal papers so as to puzzle the future historian of medicine who would want to write his biography!

To assume today, one hundred years after Freud's birth, that a definitive biography of the man and a proper evaluation of his place in medical psychology are already possible is to assume the impossible. It is true that Freud was born one century ago, and that many striking changes have taken place during this century. But the work of Freud is too complex, the various components of it are so contradictory in relation to each other inwardly or outwardly, his work is so far from being a truly organized system, that from the standpoint of historical method and tradition it would be foolhardy to attempt to formulate today a systematic medicopsychological evaluation of Freud and of the place of psychoanalysis in relation to the general currents of medical history. It is true that Freud was born 100 years ago—but one should not forget that he died only 17 years ago. It is true that the Freudian revolution gave psychoanalysis a world-wide reputation and made it a byword of some sort of greatness as well as of some sort of fad. It is true that the future of Freud is probably not that of a Mesmer in the history of medicine. Yet it is also true that the passions around psychoanalysis are still raging, and that the calm, serene atmosphere of research

in the manner of pathology and physiology does not seem at hand, as far as psychoanalysis is concerned. Yet again, here is a paradoxical phenomenon. Kraepelin, the great systematizer of clinical psychiatry and the founder and leader of scientific psychiatric research of the nineteenth century, Kraepelin whose hundredth birthday is also being celebrated this year, is hardly mentioned anywhere. In February, 1956 a special scientific celebration marked the Kraepelin centenary in Munich; but nothing was done about it in France, and the 1956 annual meeting of the American Psychiatric Association—which is conservative both professionally and scientifically—takes part in the solemn observance of Freud's centenary of birth but Kraepelin seems to be passed over unnoticed. Nor are there any signs that Eugen Bleuler, the other illustrious psychiatric contemporary of Freud, whose centenary falls in 1957, is being given any particular attention. Even the greatest contribution of Bleuler, his volume on the schizophrenias, waited thirty years before it was translated into English, while Freud's complete works are already published both in English and German, and both in England. As early as 1922 the complete works of Freud were being published in a Spanish translation in Spain.

We may speculate about this popularity of Freud and the controversies which he aroused, thus calling the attention of psychiatry to psychoanalysis more vociferously and more often. These purely external aspects of the Freudian controversy and popularity are not sufficient to explain the particular hold which Freud has on the psychiatry and medicine of today. After all, whether we deal with what people mistakenly call classical psychiatry, or such hybrid derivatives as psychosomatic medicine or child guidance or mental hygiene, all these branches of medical psychology give signs of being profoundly influenced by Freud—whether full, or partial, or no credit at all is ostensibly given to Freud by any of the workers in these branches.

A historian dealing with the positive aspects of the evolution of modern medicine must of necessity leave out, for the time being, Freud's controversies with religion, morality or general philosophy, or even his methodology. Time and the natural course of scientific growth will quiet down the controversies and will separate the chaff from the wheat. It is true that the popular misconceptions of Freud's ideas on sex, and the universal propensity to make the quasi-lurid more lurid and the quasi-sensational more sensational made Freud's name almost a common

noun. But I doubt that the features of psychoanalysis dealing with sex, and the universality of such catchwords as the Oedipus or castration complexes (to the average man these are no more than catchwords), or Freud's assertion that Moses was an Egyptian and religion is a compulsion neurosis—I doubt whether these things played a decisive role in the fact that psychoanalysis has exerted such a telling influence on medicine, and in such a short time has left such a deep imprint on the total picture of contemporary medicine and medical history.

May I therefore offer the following for your consideration:

If we wish to find one single, unifying principle that motivates the practice of medicine, the art of healing, the striving to cure, the craving to combat human disease, we shall strike not very far from the mark if we say that this principle is not so much human curiosity, or the striving for personal self-preservation, as that simple human attitude of compassion for the sufferer, that natural and almost automatic albeit anxious ability of man to put himself in the place of the other person who is afflicted with an illness. It is, to use modern psychological terminology, our natural, automatic identification with the sufferer. In the beginning this identification may act only in cases of those illnesses which we might consider or fancy as curable. We want to *cure* our fellow men. The possible admixture of selfishness in the process (we cure ourselves as it were by curing others) may be disregarded, since this is a refined, psychologically and morally heightened selfishness—for the psychological borderline between ourselves and our suffering fellow men has become invisible in the process of transforming the simple human being into the bearer of that spiritual quality which we might call medical charity.

Whatever the spiritual implications of this process, the psychological process is that of the automatic unconscious identification with the patient. The average man goes through the same psychological processes, and on the scene of medical history he acts through the physician whose skill must equal his charity. I am inclined to imagine that at first this was true, as I have said before, of those illnesses which did not produce permanent deformities. A cripple, a leper, required a much greater evolution in the direction of charitable identification with the ill. Even St. Francis of Assisi had to make an intense effort not to be revolted by the leper, and not to turn and run away from him. In our own time tuberculosis used to evoke a reaction of fear and flight and disgust—

until we learned that we could cure tuberculosis. And today we are witnessing a gradual change in a similar direction as far as cancer is concerned.

Man has great psychological difficulties when he is called upon to identify himself with someone who seems permanently afflicted, hopelessly doomed. The mentally ill were considered for centuries such hopeless creatures. No wonder that the average man as well as the medical man kept his face turned away from the large masses of the mentally ill, sometimes in disgust, sometimes with open hatred, sometimes in mortal fear. To identify one's self with a psychotic, or even with a neurotic, was almost impossible, and even today it is quite difficult or impossible at times.

It is in this sphere of psychological functioning that Freud, not suddenly, of course, not without predecessors—nothing in history is sudden and totally independent—stands out as having made an enormous and unique contribution. It is true that the hope at first held out for the cure of neuroses by means of psychoanalysis did not prove as fully justified as the original enthusiasm seemed to promise; even Freud himself avowedly lost to a great extent his faith in the complete curative efficiency of psychoanalysis. While all this is true, Freud's contribution remains incontestable and immense. It is what it is because in the scientific climate and tradition of the medicine in which Freud was nurtured, and on the historical medical background from which Freud stepped out to the forefront of medical psychology, human, clinical psychology was more or less excluded. And while Freud spoke in physico-mechanistic terms, because that was the scientific tradition and language in which he had been trained, in actuality he promulgated almost unwittingly an old, almost eternal truth which had theretofore escaped clinical medical tradition; he promulgated (it took him nearly a quarter of a century to do so) the belief that the average man, the so-called non-neurotic man, the every-day man, functions "normally" on the level of the psychopathology of every-day life; that the psychological laws governing our unconscious, affective life are equally valid for all men, the mentally ill and the mentally healthy; that these laws are not violated in health or in disease any more than the laws of chemistry or physics are different in physical health or physical disease.

In other words, Freud opened the road for a proper psychological identification with the neurotic and psychotic—an identification not

based on anxious intuitiveness, on some sort of sentimental philanthropy or pity, or on a sociological utilitarian goal, but an identification based on an actual psychological equation between ourselves and the mentally ill. It is this identification, as I pointed out above, that opened wide the path to what I have called medical charity.

Among the paradoxical aspects of this great influence of Freud is the claim that he was fully detached, objective, disinterested, above the battle. He was not, of course. But it was Freud nevertheless who completed the great historical process of reuniting on a scientific basis, or in scientific terms, the body and the psychology of man. It was a singular synthesis of the early influences of Hughlings Jackson and Brentano. Whether Freud called his field the psyche, the soul, the spirit, the mind, what he actually described and dealt with was the psychic apparatus—his own scientific construct which appears to be more in harmony with man's normal and abnormal behavior.

In other words, the concept of the indivisibility of the human personality was reestablished within the realm of medical science; theretofore, this indivisibility had been recognized only by the religious, and particularly the Christian, concept of the human personality. The terminology remained and in many quarters still remains confused, because the differentiation between the medico-psychological concept of the psychic apparatus and the theological concept of the soul has not yet been fully recognized in many quarters. But if we bear this differentiation in mind, we shall be able to appreciate the magnitude of Freud's contribution to medicine and to psychiatry, to each of these separately and to both jointly. If we bear also in mind the reservations with regard to terminology, we may feel that Freud met fully the criticism of medicine which Plato uttered almost twenty-four centuries ago, saying: "For this is the great error of our day, that physicians separate the body from the soul."